

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1728

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5666		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Force</u>	
4. DATE OF DEATH		(Month) <u>JAN.</u> (Day) <u>18</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>OCT. 27 - 1895</u>	
9. AGE (In years last birthday) <u>75</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John William Force</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Priest</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jackson Le Grange</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Endocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>4/22/51</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-16</u> , 1950, to <u>Jan. 18</u> , 1951, that I last saw the deceased alive on <u>Jan. 18</u> , 1951, and that death occurred at <u>4 A. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Graham D.O.</u>				23b. ADDRESS <u>Canton, Mo</u>		23c. DATE SIGNED <u>2-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>		24d. LOCATION (City, town, or county) (State) <u>Le Grange Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-1-51</u>		REGISTRAR'S SIGNATURE <u>R. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth Bailey</u>		ADDRESS <u>Le Grange Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1954

JUL 20 1953

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-35
Date Filed: FEB 14 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

J. Kenneth Bailey
Licensed Embalmer No. 4248

P. O. Address *La Grange, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.